

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

OCT 12 2004

Fee Transmittal for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 2,020.00)

Complete if Known

RECEIVED

OCT 15 2004

Technology Center 2600

Application Number	09/495,207
Filing Date	01/31/2000
First Named Inventor	Robert E. Robotham
Examiner Name	Philpott, Justin M.
Art Unit	2665
Attorney Docket No.	1400.4100242

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number Ross D. Snyder & Associates, Inc.				3. ADDITIONAL FEES Large Entity Small Entity			
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				Fee Code (\$) Fee Code (\$) Fee Description Fee Paid			
Fee Calculation				Fee Description Fee Paid			
1. BASIC FILING FEE				Fee Description Fee Paid			
Large Entity Small Entity				Fee Description Fee Paid			
Fee Code (\$) Fee Code (\$)				Fee Description Fee Paid			
1001 770 2001 385 Utility filing fee 1002 340 2002 170 Design filing fee 1003 530 2003 265 Plant filing fee 1004 770 2004 385 Reissue filing fee 1005 160 2005 80 Provisional filing fee				Fee Description Fee Paid			
SUBTOTAL (1) (\$)				980.00			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				Fee Description Fee Paid			
Total Claims Extra Claims Fee from below Fee Paid -20** = 9 X 18.00 = 162.00				Fee Description Fee Paid			
Independent Claims - 3** = 1 X 88.00 = 88.00				Fee Description Fee Paid			
Multiple Dependent				Fee Description Fee Paid			
Large Entity Small Entity				Fee Description Fee Paid			
Fee Code (\$) Fee Code (\$)				Fee Description Fee Paid			
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 ** Reissue independent claims over original patent 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent				Fee Description Fee Paid			
SUBTOTAL (2) (\$ 250.00)				790.00			
**or number previously paid, if greater; For Reissues, see above				Other fee (specify) _____			
*Reduced by Basic Filing Fee Paid				SUBTOTAL (3) (\$ 1,770.00)			

SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Ross D. Snyder	Registration No. (Attorney/Agent)	37,730	Telephone	512-347-9223
Signature	<i>Ross D. Snyder</i>			Date	10-05-2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.